SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person [*] Alomes Scott | | | 2. Issuer Name and Ticker or Trading Symbol <u>EZCORP INC</u> [EZPW] | | tionship of Reporting Pe all applicable) Director | 10% Owner | |
|--|---------|---|---|------------------------|---|---|--|
| (Last) (First) (Middle) 2500 BEE CAVE RD, BLDG. 1, SUITE 200 | | (, , , , , , , , , , , , , , , , , , , | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2016 | X | Officer (give title below) Chief Human Reso | Other (specify below) urces Officer | |
| (Street) ROLLINGWOOD TX 78746 | | 78746 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (Check Applicabl Form filed by One Reporting Person Form filed by More than One Reporting | | |
| (City) | (State) | (Zip) | erivative Securities Acquired. Disposed of, or Bene | ficially | Person | an One Reporting | |

| • • • • | | | | | | | | | | | | |
|---------------------------------|--|---|------|---|---|---------------|-------|---|---|---|--|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (| | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/N | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | (1) | 03/31/2016 | | Α | | 36,467 | | (2) | (2) | Class A Non- Voting Common Stock | 36,467 | \$0.00 | 36,467 | D | |

Explanation of Responses:

1. Each unit represents a contingent right to receive one share of EZCORP Class A Non-Voting Common Stock at the time of vesting

2. The shares vest, in whole or in part, on September 30, 2018, subject to the attainment of specified performance goals

Remarks:

/s/ Carrie Putnam Attorney in 04/04/2016 Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.